

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1280.00)

Complete if Known

Application Number	10/665055
Filing Date	September 16, 2003
First Named Inventor	Yan Chang
Examiner Name	Everett White
Art Unit	1623

Attorney Docket No. GLYO-P02-007

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
56	- 41 = 35	x 25.00	= 875.00	Fee (\$)	Fee Paid (\$)

180.00 180.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 = ---	x ---	= ---

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

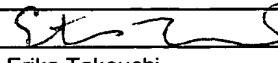
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

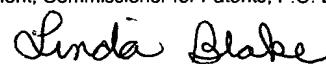
Non-English Specification, \$130 fee (no small entity discount)

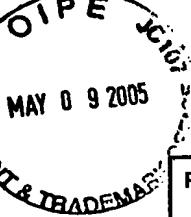
Other (e.g., late filing surcharge): 1251 Extension for response within second month 225.00

SUBMITTED BY

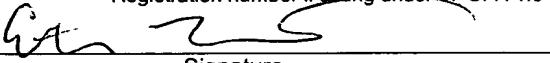
Signature		Registration No. (Attorney/Agent)	55,661	Telephone	(212) 596-9479
Name (Print/Type)	Erika Takeuchi	Date	May 9, 2005		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 619645137 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 9, 2005 Signature:  (Linda Blake)



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) GLYO-P02-007																									
Application Number 10/665055		Filed	September 16, 2003																								
For METHOD FOR CONTROLLING ANGIOGENESIS IN ANIMALS																											
Art Unit 1623		Examiner	Everett White																								
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																											
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																											
<table><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>\$120</td><td>\$60</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/></td><td>\$450</td><td>\$225</td><td>\$ 225.00</td></tr><tr><td><input type="checkbox"/></td><td>\$1020</td><td>\$510</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>\$1590</td><td>\$795</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>\$2160</td><td>\$1080</td><td>\$</td></tr></tbody></table>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/>	\$120	\$60	\$	<input checked="" type="checkbox"/>	\$450	\$225	\$ 225.00	<input type="checkbox"/>	\$1020	\$510	\$	<input type="checkbox"/>	\$1590	\$795	\$	<input type="checkbox"/>	\$2160	\$1080	\$
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<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u>. I have enclosed a duplicate copy of this sheet.</p>																											
<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,661</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p>																											
		May 9, 2005 Date																									
Erika Takeuchi Typed or printed name		(212) 596-9479 Telephone Number																									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																											
<p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>																											

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Dated: May 9, 2005 Signature: Linda Blake (Linda Blake)